Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

## Filing at a Glance

Company: Liberty Insurance Underwriters, Inc.

Product Name: LIU-OL-FLP-AR-07-01-R SERFF Tr Num: PERR-125354923 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Pending Industry State Tr Num: #? \$100

Response

Sub-TOI: 17.1022 Other Co Tr Num: LIU-OL-FLP-AR-07-01- State Status: Fees not received

R

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Authors: Faviola Jimenez, Thomas Disposition Date: 12/26/2007

Yoo

Date Submitted: 12/20/2007 Disposition Status: Exempt from

Review

State Filing Description:

#### General Information

Project Name: LIU-OL-FLP-AR-07-01-R Status of Filing in Domicile: Pending

Project Number: LIU-OL-FLP-AR-07-01-R Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/26/2007

State Status Changed: 12/26/2007 Deemer Date:

Corresponding Filing Tracking Number: LIU-OL-FLP-AR-07-01-F

Filing Description:

On behalf of Liberty Insurance Underwriters (the "Company"), we are submitting this filing to introduce rates and rules for a new program, Fiduciary Liability Insurance. Please see the explanatory memorandum for further details. Please note the corresponding forms are being submitted concurrently under a separate cover.

The Company respectfully requests that the proposed rates and rules be implemented for all policies effective January

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

20, 2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the rates and rules contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us if you have any questions.

# **Company and Contact**

#### **Filing Contact Information**

(This filing was made by a third party - perrandknightactuaryconsultants)

Thomas Yoo, State Filings Project Coordinator

881 Alma Real Drive, Suite 205 (888) 201-5123 [Phone]

Pacific Palisades, CA 90272

Filing Company Information

Liberty Insurance Underwriters, Inc. CoCode: 19917 State of Domicile: New York

55 Water Street Group Code: 111 Company Type:

18th Floor

New York, NY 10041 Group Name: Liberty Mutual Group State ID Number:

(212) 208-4200 ext. [Phone] FEIN Number: 13-4916020

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: AR filing fee is \$100 for Rate/Rule submissions.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Liberty Insurance Underwriters, Inc. \$0.00 12/20/2007

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

CHECK NUMBER CHECK AMOUNT CHECK DATE 101581 \$100.00 12/17/2007

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

## **Correspondence Summary**

#### **Dispositions**

Status Created By Created On Date Submitted

Exempt from Edith Roberts 12/26/2007 12/26/2007

Review

**Objection Letters and Response Letters** 

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Edith Roberts 12/26/2007 12/26/2007

Industry Response SERFF Tracking Number: PERR-125354923 State: Arkansas #? \$100 State Tracking Number:

Filing Company: Liberty Insurance Underwriters, Inc.

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

LIU-OL-FLP-AR-07-01-R

# **Disposition**

Company Tracking Number:

Disposition Date: 12/26/2007

Effective Date (New):

Effective Date (Renewal): Status: Exempt from Review

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Liberty Insurance Underwriters, Inc.	0.000%	\$0	0	\$0	%	%	0.000%

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

Item Type Item Name Item Status Public Access

Supporting Document Supporting Documentation Accepted for Yes

Informational Purposes

Rate Fiduciary Liability Rating Plan - Range Accepted for Yes

Informational Purposes

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

## **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 12/26/2007 Submitted Date 12/26/2007

Respond By Date
Dear Thomas Yoo,

This will acknowledge receipt of the captioned filing.

As soon as fees are received filing is ready to process.

Thanks.

Please feel free to contact me if you have questions.

Sincerely,

**Edith Roberts** 

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

## **Rate Information**

Rate data applies to filing.

Filing Method: Prior Approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

**Effective Date of Last Rate Revision:** 

Filing Method of Last Filing:

N/A, new program

## **Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
			Program:				
Liberty Insurance Underwriters, Inc.	0.000%	0.000%	\$0	0	\$0	%	%

SERFF Tracking Number: PERR-125354923 State: Arkansas Filing Company: State Tracking Number: #? \$100 Liberty Insurance Underwriters, Inc.

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

### Rate/Rule Schedule

**Review Status: Exhibit Name:** Rule # or Page Rate Action **Previous State Filing Attachments** #:

Number:

Accepted for Fiduciary Liability Fiduciary Rating LIU-FID-RP-CW-New

Rating Plan - Range Guideline Range.pdf Informational

Purposes

### I. BASE PREMIUM

#### **DEFINTION OF CLASS**

Class 1: Private Organizations
Class 2: For Profit Organizations

**Class 3:** Financial institutions (including diversified financial institutions)

TOTAL PLA	N	ASSETS	CLASS 1	CLASS 2	CLASS 3
\$0	_	\$100,000	\$1,450	\$2,000	\$2,300
\$100,001	-	\$500,000	\$1,525	\$2,100	\$2,415
\$500,001	-	\$800,000	\$1,630	\$2,250	\$2,588
\$800,001	-	\$1,000,000	\$1,740	\$2,400	\$2,760
\$1,000,001	-	\$1,200,000	\$2,175	\$2,625	\$3,019
\$1,200,001	-	\$2,500,000	\$2,610	\$3,000	\$3,450
\$2,500,001	-	\$4,000,000	\$2,870	\$3,960	\$4,554
\$4,000,001	-	\$9,000,000	\$3,870	\$5,340	\$6,141
\$9,000,001	-	\$12,000,000	\$5,220	\$7,200	\$8,280
\$12,000,001	-	\$15,000,000	\$5,655	\$7,800	\$8,970
\$15,000,001	-	\$20,000,000	\$5,980	\$8,250	\$9,488
\$20,000,001	-	\$30,000,000	\$6,310	\$8,700	\$10,005
\$30,000,001	-	\$40,000,000	\$6,740	\$9,300	\$10,695
\$40,000,001	-	\$55,000,000	\$7,830	\$10,800	\$12,420
\$55,000,001	-	\$75,000,000	\$9,025	\$12,450	\$14,318
\$75,000,001	-	\$100,000,000	\$10,220	\$14,100	\$16,215
\$100,000,001	-	\$150,000,000	\$12,100	\$16,800	\$19,320
\$150,000,001	-	\$200,000,000	\$13,270	\$18,300	\$21,460
\$200,000,001	-	\$250,000,000	\$14,790	\$20,400	\$23,460
\$250,000,001	-	\$300,000,000	\$17,180	\$23,700	\$27,255
\$300,000,001	-	\$500,000,000	\$19,140	\$26,400	\$30,360
\$500,000,001	-	\$600,000,000	\$22,025	\$38,750	\$44,563
\$600,000,001	-	\$700,000,000	\$25,420	\$41,000	\$47,150
\$700,000,001	-	\$800,000,000	\$26,815	\$43,250	\$49,738
\$800,000,001	-	\$900,000,000	\$28,210	\$45,500	\$52,325
\$900,000,001	-	\$1,000,000,000	\$29,600	\$47,750	\$54,913
\$1,000,000,00		\$2,000,000,000	\$31,000	\$50,000	\$57,500
\$2,000,000,00		\$3,000,000,000	\$43,750	\$75,000	\$86,250
\$3,000,000,001		\$4,000,000,000	\$52,500	\$90,000	\$103,500
\$4,000,000,00		\$5,000,000,000	\$61,250	\$105,000	\$120,750
\$5,000,000,00		\$6,000,000,000	\$70,000	\$120,000	\$138,000
\$6,000,000,00		\$7,000,000,000	\$78,750	\$135,000	\$155,250
\$7,000,000,001		\$8,000,000,000	\$87,500	\$150,000	\$172,500
\$8,000,000,001		\$9,000,000,000	\$96,250	\$165,000	\$189,750
\$9,000,000,00		\$10,000,000,000	\$105,000	\$180,000	\$207,000
>\$10,000,000,0	000		Submit to	Home Office	

#### II. RATING FORMULA

AP=BP x TP x ES x MA x LC x PR x PT x QP x DP x FP x FS x QM x YB x CR x IL x RM x SP

AP = Annual Premium (\$)

BP = Base Premium

TP = Types of Benefit Plans Modifier

ES = ESOP Modifier

MA= Merger/Acquisition Modifier

LC = Litigation / Claims Modifier

PR = Plan and Regulatory Compliance Modifier

PT = Plan Termination Modifier

QP = Quality of Plan Management Modifier

DP = Quality and Diversity of Plan Investments Modifier

FP = Funding Position Modifier

FS = Financial Stability Modifier

QM = Quality of Management Modifier

YB = Number of Years in Business Modifier

CR = Complexity of Risk Modifier

IL = Increased Limits Modifier

RM = Retention Modifier

SP = Optional Voluntary Compliance Program

EFFI	ECTIVE DATE:		INSURED NAME:
		P	LAN ASSETS (000):
			BASE PREMIUM:
RAT	E MODIFIERS		
1.)	Types of Benefit Plans		
2.)	New Base ESOP	X	_
3.)	New Base Merger/Acquisition	X	
4.)	New Base Litigation/Claims History New Base	X	
5.)	Plan and Regulatory Compliance New Base	X X_	
6.)	Plan Termination New Base	X	_
7.)	Quality of Plan Management New Base	X	_
8.)	Quality and Diversity of Plan Inves New Base	stments X	_
9.)	Funding Position New Base	X	<del>_</del>
10.)	Financial Stability New Base	X	_
11.)	Quality of Management  New Base	X	_
12.)	Number of Years in Business New Base	X	_
13.)	Complexity of Risk New Base	X	_
			Adj. Base Premium (\$1MM) \$
			Increased Limits Modifier X
			Increased Retention Modifier (if applicable) X
			Voluntary Compliance Program (if Applicable) X
			Total Annual Premium \$

### III. RATE MODIFIERS

	Modifier	Range of Modifiers
1.	Types of Benefit Plans (W only; W-DC; W-DC-DB; W-DC-DB-SO etc)	.75 - 1.25
2.	ESOP (none; <15%; >15% but<50%; >50%)	.75 - 1.25
3.	Merger & Acquisition History/Prospects (none; little; moderate; high)	.75 - 1.25
4.	Litigation/Claims History (none; minimal; material; significant)	.75 - 1.25
5.	Plan and Regulatory Compliance (fully compliant; min. non-compliance; material non-compliance)	.75 - 1.25
6.	Plan Termination (none; in last two years; in last year and anticipated)	.75 - 1.25
7.	Quality of Plan Management (inside manager; outside administrator)	.75 - 1.25
8.	Quality and Diversity of Plan Investments (superior; average; below average)	.75 - 1.25
9.	Funding Position (funded within 10%; underfunded >10% underfunded >25%)	.75 - 1.25
10.	Financial Stability (excellent; average; deteriorating)	.75 - 1.25
11.	Quality of Management (excellent, average; below average; poor)	.75 - 1.25
12.	Number of Years in Business (over 10; 5-10; less than 5)	.75 - 1.25
13.	Complexity of Risk (low; average; high)	.75 - 1.25

### IV. INCREASED LIMITS MODIFIERS

IV.	Limit of Liability	Increased Limit Factor
	\$ 1MM	1.00
	\$ 2MM	1.60
	\$ 3MM	1.85
	\$ 4MM	2.05
	\$ 5MM	2.25
	\$ 6MM	2.45
	\$ 7MM	2.65
	\$ 8MM	2.85
	\$ 9MM	3.05
	\$10MM	3.25
	\$11MM	3.40
	\$12MM	3.55
	\$13MM	3.70
	\$14MM	3.85
	\$15MM	4.00
	\$16MM	4.15
	\$17MM	4.29
	\$18MM	4.43
	\$19MM	4.54
	\$20MM	4.65
	\$21MM	4.76
	\$22MM	4.87
	\$23MM	4.98
	\$24MM	5.09
	\$25MM	5.20

#### V. RETENTION MODIFIERS

			Total Plan Assets \$		
Retention	<100MM	>=100MM and $<250$ MM	>=250MM and < 500MM	1 > = 500 MM  and  < 1  B	>=1B
<b>\$0</b>	1.000	1.085	N/A	N/A	N/A
\$2,500	0.961	1.043	1.105	N/A	N/A
\$5,000	0.922	1.000	1.060	1.178	1.377
\$10,000	0.870	0.943	1.000	1.111	1.299
\$25,000	0.783	0.849	0.900	1.000	1.169
\$50,000	0.670	0.726	0.770	0.856	1.000
\$100,000	0.565	0.613	0.650	0.722	0.844
\$250,000	0.496	0.538	0.570	0.633	0.740
\$500,000	0.452	0.491	0.520	0.578	0.675
\$1,000,000	0.417	0.453	0.480	0.533	0.623

Retentions greater than \$1,000,000 review with Manager.

#### VI. OPTIONAL VOLUNTARY COMPLIANCE PROGRAM MODIFIER

\$100,000 SUBLIMIT

1.05 - 1.25

# VII. EXTENDED DISCOVERY PERIOD (EDP)

Standard Extended Discover Period length is twelve (12) months. Premium for the Extended Discovery Period is "a" rated and made known to the Insured at Policy inception.

Company Tracking Number: LIU-OL-FLP-AR-07-01-R

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other

Product Name: LIU-OL-FLP-AR-07-01-R

Project Name/Number: LIU-OL-FLP-AR-07-01-R/LIU-OL-FLP-AR-07-01-R

## **Supporting Document Schedules**

**Review Status:** 

Supporting Documentation Accepted for Informational 12/26/2007

Purposes

Comments:

Attachments:

Satisfied -Name:

LIUI Actuarial Rate and Rules Memo 2007 - AR.pdf 2007 NAIC PCTD.pdf 2007 NAIC RRFS.pdf

P&K Filing Authority Letter LIUI 110707.pdf

#### **Liberty Insurance Underwriters, Inc.**

Fiduciary Liability
Rates/Rules Filing Memorandum

With this filing, Liberty Insurance Underwriters, Inc. ("LIUI") proposes to file rates, rules, and forms for a new program, Fiduciary Liability Insurance ("FLI"). The coverage provides claims-made fiduciary liability insurance.

As this is a new program, LIU does not have historical experience upon which to base the rates and rating factors for this program. Therefore, the proposed rates and rating factors were developed based on a comparison to competitor rating plans, along with actuarial and underwriting judgment.

# **Property & Casualty Transmittal Document**

1.	Reserved for Insurance Dept. Use	Only	2	. Insurance D	Department	Use	only	
			a	. Date the filin	g is received	d:		
			b	. Analyst:				
			С	. Disposition:				
			d	. Date of disp	osition of the	filin	ng:	
			-	. Effective dat				
				New Bu				
					al Business			
			f.					
			- 1 ⊢					
			- I <del> </del> -	<ul><li>SERFF Filin</li><li>Subject Cod</li></ul>	<u> </u>			
				. Subject Cou	C3			
3.	Group Name							NAIC #
	Liberty Mutual Group						111	
4.	Company Name(s)			Domicile	NAIC #	FE	IN#	State #
	Liberty Insurance Underwriters,	Inc		NY	19917	13-	-4916020	
	Electry medianes enderwinere,	11101		1111	10017	- 10	1010020	
5	Company Tracking Number			IU-OL-FLP-AR	-07-01-R			
		4 000						
Cor	ntact Info of Filer(s) or Corpora		<b>r(s)</b> [ir	nclude toll-free	number]		0 m	nail
	ntact Info of Filer(s) or Corpora Name and address	Title	<b>r(s)</b> [ir	nclude toll-free Telephone #s	number] FAX#	520 (	e-n	
Cor	ntact Info of Filer(s) or Corpora  Name and address  Thomas Yoo		r(s) [ir	nclude toll-free Telephone #s 888.201.5123	number]	529 (		
Cor	ntact Info of Filer(s) or Corpora Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205	Title	r(s) [ir	nclude toll-free Telephone #s	number] FAX#	529 (		
Cor	ntact Info of Filer(s) or Corpora  Name and address  Thomas Yoo	Title	r(s) [ir	nclude toll-free Telephone #s 888.201.5123	number] FAX#	529 (		
Cor	ntact Info of Filer(s) or Corpora Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205	Title	r(s) [ir	nclude toll-free Telephone #s 888.201.5123	number] FAX#	529 (		
Cor 6.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272	Title	r(s) [ir	nclude toll-free Telephone #s 888.201.5123 x 151	number] FAX # 310.230.85	529 (		
Cor 6.	ntact Info of Filer(s) or Corpora Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205	Title	r(s) [ir	Telephone #s 888.201.5123 x 151	number] FAX # 310.230.85	529 (		
6. 7.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272	<b>Title</b> Filing Ana	r(s) [ir	nclude toll-free Telephone #s 888.201.5123 x 151	number] FAX # 310.230.85	529 (		
7. 8.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Insertice)	Title Filing Ana	r(s) [ir	Telephone #s 888.201.5123 x 151 Thomas Yoo scriptions of the	number] FAX # 310.230.85		doi@perrki	
7. 8. Fillin	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized  Ing information (see General Instype of Insurance (TOI)	Title Filing Ana filer structions	r(s) [ir	Telephone #s 888.201.5123 x 151 Thomas Yoo scriptions of the	number] FAX # 310.230.85		doi@perrki	
7. 8. Filin 9.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Inst Type of Insurance (TOI) Sub-Type of Insurance (Sub-	Filing Ana filer structions	for de:	Telephone #s 888.201.5123 x 151 Thomas Yoo scriptions of the	number] FAX # 310.230.85		doi@perrki	
7. 8. Filin 9.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Instype of Insurance (TOI) Sub-Type of Insurance (Sub-Tate Specific Product code(s	Title Filing Ana filer structions TOI) ) (if	r(s) [ir	Telephone #s 888.201.5123 x 151 Thomas Yoo scriptions of the	number] FAX # 310.230.85		doi@perrki	
7. 8. Fillin 9. 10.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Instrumental Instrument	Filing Ana filer structions TOI) ) (if rements]	for de: 17.1 C 17.102	Thomas Yoo scriptions of the Other Liability-Co	number] FAX # 310.230.85 ese fields) Claims Made		doi@perrki	
7. 8. Filin 9. 10.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Inst Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(sapplicable)[See State Specific Requi	Filing Ana filer structions TOI) ) (if rements]	for des	Telephone #s 888.201.5123 x 151  Thomas Yoo scriptions of the Other Liability-C 22 Other	number]  FAX # 310.230.85  ese fields) Claims Made	Only	doi@perrki	night.com
7. 8. Filin 9. 10.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Instrumental Instrument	Filing Ana filer structions TOI) ) (if rements]	for des 17.102 N/A Fiduci	Telephone #s 888.201.5123 x 151  Thomas Yoo scriptions of the Other Liability-C 22 Other  ary Liability Ins ate/Loss Cost	number]  FAX # 310.230.85  ese fields) Claims Made  curance  Rules	Only	y  ates/Rules	night.com
7. 8. Filin 9. 10.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Inst Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(sapplicable)[See State Specific Requi	Filing Ana filer structions TOI) ) (if rements]	for des 17.102 N/A Fiduci	Telephone #s 888.201.5123 x 151  Thomas Yoo scriptions of the Other Liability-C 22 Other  ary Liability Ins ate/Loss Cost orms  Comb	number]  FAX # 310.230.85  ese fields) Claims Made  surance  Rules Dination Rate	Only	y  ates/Rules	night.com
7. 8. Filli 9. 10. 11.	Name and address Thomas Yoo 881 Alma Real Drive, Ste. 205 Pacific Palisades, CA 90272  Signature of authorized filer Please print name of authorized ng information (see General Inst Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code(sapplicable)[See State Specific Requi	Filing Ana filer structions TOI) ) (if rements]	for de: 17.1 C 17.102 N/A Fiduci Ra FC	Telephone #s 888.201.5123 x 151  Thomas Yoo scriptions of the Other Liability-C 22 Other  ary Liability Ins ate/Loss Cost	number]  FAX # 310.230.85  ese fields)  Claims Made  curance  Rules  Dination Rate  Other (give of	Only	y  ates/Rules ules/Forms	night.com
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# **Property & Casualty Transmittal Document—**

20. This filing transmittal is part of Company Tracking #	LIU-OL-FLP-AR-07-01-R
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is freeform text]

On behalf of Liberty Insurance Underwriters (the "Company"), we are submitting this filing to introduce rates and rules for a new program, Fiduciary Liability Insurance. Please see the explanatory memorandum for further details. Please note the corresponding forms are being submitted concurrently under a separate

The Company respectfully requests that the proposed rates and rules be implemented for all policies effective January 20, 2008.

Filing ا	Fees	(Filer	must p	orovide	check :	# and fe	e amoun	t if applica	ıble)		
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Check #: 101581 **Amount:** \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

#### RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) This filing transmittal is part of Company Tracking # LIU-OL-FLP-AR-07-01-R 1. This filing corresponds to form filing number 2. LIU-OL-FLP-AR-07-01-F (Company tracking number of form filing, if applicable) Rate Increase Rate Decrease Rate Neutral (0%) Filing Method (Prior Approval, File & Use, Flex Band, etc.) **Prior Approval** 3. 4a. Rate Change by Company (As Proposed) Company Overall % Overall % Written # of Written Maximum Minimum Name Indicated Rate premium policyholders premium % Change % Change Change **Impact** change for affected for this (where (where (when this for this program required) required) applicable) program program Liberty N/A, new Insurance program program program program program program program Underwriters 4b. Rate Change by Company (As Accepted) For State Use Only Overall # of **Maximum** Company Overall % Written Written Minimum Name Indicated % Rate premium policyholders premium % Change % Change Change Impact (where change for affected for this (where (when this for this program required) required) applicable program program Overall Rate Information (Complete for Multiple Company Filings only) **COMPANY USE STATE USE** Overall percentage rate indication (when applicable) 5a. Overall percentage rate impact for this filing 5b. Effect of Rate Filing – Written premium change for 5c. this program Effect of Rate Filing – Number of policyholders 5d. affected Overall percentage of last rate revision N/A, new program 6. N/A, new program **Effective Date of last rate revision** Filing Method of Last filing 8. N/A, new program (Prior Approval, File & Use, Flex Band, etc.) Rule # or Page # Submitted Replacement **Previous state** for Review or Withdrawn? filing number, 9. if required by state Fiduciary Liability Rating Plan - Range New New LIU -FID -RP-CW-1 01 Replacement Withdrawn New Replacement 02 Withdrawn New Replacement 03 ∃Withdrawn



November 7, 2007

## To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department Perr&Knight, Inc. 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272

Tel: (888) 201-5123 Fax: (310) 230-1061

Please contact me at 212.208.4239 if you have any questions regarding this authorization.

Sincerely,

Theresa M. Morgan, Esq. Senior Compliance Officer 55 Water Street, 18<sup>th</sup> Floor

New York NY 10041

212-208-2802

Theresa.Morgan@libertyiu.com

Theresa M. Morgan